



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU

FORM

**MA-1000(S)** (10-25-2001)

# 2001 ANNUAL SURVEY OF MANUFACTURES

OMB No. 0607-0449: Approval Expires 11/30/2002

**Mail** your completed form to:

**U.S. CENSUS BUREAU**  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

**Please read** the accompanying instructions on the back of the cover letter before answering the questions.

**For assistance call:**

**-OR-**

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

(Please correct any error in name, address, and ZIP Code.)

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes.
- Do not put slashes through 0 or 7.
- Complete only the unshaded portion of each item. Figures for dollars, plant-hours, and kWh should be rounded to thousands.

Examples:



0123456789



The reporting unit for this form is an establishment. An **establishment** is generally a single physical location where business is conducted or where services or industrial operations are performed. For examples and further clarification, see information sheet(s).

TN	NIND	AREA	WT	CCS
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## 1 EMPLOYER IDENTIFICATION NUMBER

Is the Employer Identification Number (EIN) shown in the label the **SAME** as that used for this establishment on its latest Employer's Quarterly Federal Tax Return, Internal Revenue Service Form 941?

094 1 ☐ YES 2 ☐ NO - Enter current EI Number (9) digits

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## 2 PHYSICAL LOCATION - Answer A and B

**A.** If this establishment is NOT located in the State, county, and place shown at the right, correct lines (1) through (4). If blank or incomplete, answer (1) through (4).

(1) Number and street

(2) City, village, or other place

State

ZIP Code

(3) County

(4) If you corrected lines 1, 2, or 3, give year moved to new location

**B.** Is this establishment physically located within the legal boundaries of the city, town, village, etc., indicated in item 2A(2)?

095

1 ☐ YES

2 ☐ NO

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**HOW TO  
REPORT  
DOLLAR  
FIGURES**

Dollar figures should be **rounded** to **thousands** of dollars.

Mark "X"  
if None

If a figure is **\$1,025,628.79**:

• ☐

If a value is "0" (or less than \$500.00):

• **Report** → ☒

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.
		1 0 2 6	

**3 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

Mark "X"  
if None

Total value of products shipped and other receipts

(This value is to be reported again in item 9 code 7700000 8.) . . . . . 330 ☐

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

**4 E-SHIPMENTS (This is a breakout of the value reported in item 3.)**

**081 A.** Did this establishment have any e-commerce sales for manufactured products and other receipts from customers for further assembly, fabrication, or manufacture in 2001?

(E-commerce sales are online orders accepted for manufactured products from customers for further assembly, fabrication, or manufacture where price and terms of sale are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.)

1 ☐ Yes – Go to line B

2 ☐ No – Go to 5

**B.** E-commerce shipments of this establishment, including shipments to other domestic plants of your company for further assembly, fabrication, or manufacturing . . . . . 082

2001			2000
Estimates are acceptable			
\$ Bil.	Mil.	Thou.	\$ Thou.

**5 TOTAL EMPLOYMENT AND PAYROLL**

**A.** Total employment

**Include:**

- Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.
- Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.

Mark "X"  
if None

1. Number of production workers during pay period including March 12 . . . . . 306 ☐

2. All other employees for pay period including March 12 . . . . . 307 ☐

3. **TOTAL** (Sum lines A1 and A2) . . . . . 308 ☐

2001			2000
Number			Number

**B.** Total payroll before deductions (Report payroll for employees reported on line A3. Exclude fringe benefits.)

Mark "X"  
if None

Production workers' wages and all other salaries and wages . . . . . 311 ☐

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

**6 INVENTORIES**

(Report inventories using generally accepted accounting practices.)

Were inventories of this establishment subject to the last-in, first-out (LIFO) method of valuation?

**230** 1 ☐ Yes

2 ☐ No

TOTAL inventories at end of year (Report both years. Include finished goods, work-in-process, materials, supplies, fuels, etc.) . . . . . 338 ☐

Mark "X"  
if None

End of 2001		
\$ Bil.	Mil.	Thou.

Mark "X"  
if None

End of 2000		
\$ Bil.	Mil.	Thou.

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**7 CAPITAL EXPENDITURES**

(Report the dollar value of capital expenditures. Do not include land.)

Mark "X"  
if None

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

Total new and used buildings, machinery and equipment expenditures . . . 350 ☐

**8 SELECTED EXPENSES**

Mark "X"  
if None

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

**A.** Cost of materials, parts, resales, contract work, fuels, and electricity . . . 326 ☐

**B. E-Purchases**

083

**1.** Did this establishment have any e-purchases (orders placed online) for materials and/or supplies for further assembly, fabrication, or manufacture? (*E-purchases are online orders placed for materials and/or supplies with suppliers for further assembly, fabrication, or manufacture where price and terms are negotiated, over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Payment may or may not be made online.*)

<sup>1</sup> ☐ Yes – Go to line B2

<sup>2</sup> ☐ No – Go to line **9**

**2.** E-purchases of this establishment, for further assembly, fabrication, or manufacture (*This is a breakout of the value reported in line A.*) . . . 084

2001			2000
\$ Bil.	Mil.	Thou.	\$ Thou.

**9 VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS**

*If printed descriptions are incorrect, please revise.  
Describe all additional products. (If additional lines are needed,  
please use the REMARKS section or attach a separate sheet.)*

(a)

581

Product  
class code

(b)

Product shipped and other receipts

584

2001

(c)

2000

(d)

Mil.

Thou.

Thou.


018

026

034

Value of all other products made in this establishment that are NOT REPORTED ABOVE (Continue listing other products in REMARKS section if more space is needed.)

042

Receipts for work or services that you performed for others on their materials – Describe 

**9300000 8**

Resales – Sales of products bought and resold without further manufacture, processing, or assembly (*Report cost in item **8**, line A*)

**9998900 6**

Miscellaneous receipts (repair work, installation, sales of scrap, etc.)

**9998000 5**

TOTAL VALUE OF PRODUCTS SHIPPED AND OTHER RECEIPTS OF THIS ESTABLISHMENT

**7700000 8**

CONTINUE ON PAGE 4

**If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.**

**10 OPERATIONAL STATUS**

Mark (X) the ONE box that best describes this establishment at the end of 2001.

001 1 ☐ In operation

2 ☐ Temporarily or seasonally inactive

3 ☐ Ceased operation . . . . .

4 ☐ Sold or leased TO another operator – Give date at right AND enter name, etc., below

5 ☐ Acquired or leased FROM another operator – Give date at right AND enter name, etc., below

GIVE DATE →  
Enter figures  
only

Month	Day	Year

Name of new/former owner or operator		El Number (9 digits)	002										
Number and street		City		State		ZIP Code							

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**11 CERTIFICATION** - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

☐ Yes

☐ No - Enter time period covered

666	1	Month	Year	2	Month	Year

FROM

TO

667	1	Name of person to contact regarding this report		Title	

667	2	Area code	Number		Extension	Area code	Number	
Telephone						Fax		
Internet e-mail address						Date completed	Month	Day
								Year

**Thank you for completing your 2001 Annual Survey of Manufactures form.**

**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**